

EXHIBIT A

This form should be executed by any federal law enforcement agency or United States Attorney's office in situations in which such agency or office requests copies of inmate transactional data of a person in Bureau of Prisons custody for intelligence purposes or in conjunction with an ongoing criminal investigation or prosecution.

SUBMISSION OF THIS FORM SHALL SIGNIFY BY THE UNDERSIGNED THAT ANY INFORMATION OBTAINED WILL BE TREATED AS SENSITIVE INVESTIGATIVE OR INTELLIGENCE INFORMATION AND WILL BE DISSEMINATED ONLY IN A MANNER APPROPRIATE TO THE CONDUCT OF THE INVESTIGATION OR PROSECUTION OR FOR LEGITIMATE INTELLIGENCE PURPOSES.

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|---|------|--------------------------|------|
| Name of Inmate | | Register No. | |
| FBI NO. | SSN | DOB | |
| Principal Alias | | | |
| Criminal Affiliation | | Position in Organization | |
| Nature of Investigation | | | |
| Starting Date for Requested Transactional Data | | | |
| Ending Date for Requested Transactional Data | | | |
| Type of Transactional Data Requested <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Messaging <input type="checkbox"/> Visiting <input type="checkbox"/> Financial | | | |
| List any known targets to be searched; i.e., telephone number(s), electronic messaging address(es), etc. | | | |
| Other Specific Requests | | | |
| Submitting Agency | | Office/District | Date |
| Phone Number: Ext: | Fax: | E-Mail Address | |
| Special Agent or Assistant United States Attorney | | | |
| Printed Name | | Signature | |
| Title | | | |
| This form should be submitted directly to the Warden of the institution in which the person in Bureau of Prisons custody is incarcerated. In cases where the institution is not known, the form should be mailed directly to Bureau of Prisons, Intelligence Section, at 320 First Street, N.W., Room #543, Washington, D.C. 20534, or e-mailed to BOP-CPD/SIS@bop.gov. | | | |

THIS FORM IS LAW ENFORCEMENT SENSITIVE WHEN COMPLETED